

EXHIBIT 51

From: Woodwick-Sides, Teri
To: Hansen, Gary
CC: Maharaj, Gary; Buehler, Bob; Stender, Jana; 'Gagne, Bob'
Sent: 4/23/2010 6:44:17 PM
Subject: RE: German society of hospital hygiene (international annual meeting Berlin)

Gary,

The abstract publication date for is mid-May. I don't think we can afford to wait until June for a meeting. Russ can brief you on the timeline, but I say sooner the better and would forego the in person meeting unless required (in which case maybe we go there if it accelerates a timeline).

From: Hansen, Gary
Sent: Friday, April 23, 2010 11:57 AM
To: Woodwick-Sides, Teri
Cc: Maharaj, Gary; Buehler, Bob; Stender, Jana; 'Gagne, Bob'
Subject: RE: German society of hospital hygiene (international annual meeting Berlin)

I called Dr. Kulpman this morning. After congratulating him on the clarity of his presentation, he replied "well, it's your data". I reminded him about the larger paper and his previously expressed interest in participating. He said, yes he is still very interested. I expressed concern about compromising the paper by pre-publication release of the information. He said he understood the concern and did not believe these "several slides" would be an issue to a journal. I agreed. I gave him a description of the proposed paper and who would be involved, mentioning both Russ and Farhad by name. I also provided brief credentials for both. I think Kulpman is hooked on the idea.

I suggested that a good way to move forward is for Arizant to create a "Request for Research", which outlines the proposed approach of the paper. When complete, I would send this to him. He is available for an in-person meeting in mid to late June as long as we pay for his travel. I suggested we plan a meeting in a central US location such as Washington DC. He was quite agreeable to this idea.

We have a confidentiality agreement with Telstar-LUWA. I do not know if we have one with Dr. Kulpman personally. (We believed he was associated with them.) Therefore, I held off on asking him not to release any more data. I think a friendly request, along with a request for his slides, is the best approach.

I'll call Russ apprise him of the situation and to see how he would feel about a meeting in late June. I'll also gently probe to see if a "Request for Research" would be OK with him.

Gary

From: Woodwick-Sides, Teri
Sent: Friday, April 23, 2010 9:30 AM
To: Hansen, Gary
Cc: Maharaj, Gary; Buehler, Bob; Stender, Jana; Gagne, Bob
Subject: RE: German society of hospital hygiene (international annual meeting Berlin)

Yes, I think you should call him and request his slides and ask if he has plans to do any other presentations (get the schedule). We should explain that we do not want this preview of the information to diminish the potential for this data to be submitted for publication in HIS or JHI.

Also, we should be sure to get him in contact with Russ right away (perhaps you can schedule a conference call with the three of you for Monday?). Gary, could you also let Russ know that Kulpman has presented the data to give him a heads-up?

Thanks for taking the lead on this!

p.s. Did we have a confidentiality agreement signed?

3M Confidential

Bair Hugger
 Exhibit 11
 Date: 11-2-16
 Richard G. Stirewalt
 Stirewalt & Associates

3MBH00024809

From: Hansen, Gary
Sent: Friday, April 23, 2010 7:49 AM
To: Woodward-Sides, Teri
Cc: Maharaj, Gary; Buehler, Bob; Stender, Jana; Gagne, Bob
Subject: Re: German society of hospital hygiene (international annual meeting Berlin)

Gary was very clear with them in Amersfoort about not releasing the data until we were ready. I agree that the cat is out of the bag. I am glad that the message is being presented strongly and clearly.

I think I should call Rudiger and renew our suggestion about a joint paper. Otherwise, he may be pursuing one on his own. (The Telstart LUWA people are very eager to get the results out for purposes of their own.)

Gary or Teri, if you want me to do this, I can call him yet this morning. Let me know.

Gary

On Apr 23, 2010, at 7:02 AM, "Woodwick-Sides, Teri" <twoodwick@arizant.com> wrote:

Dear Thomas and Ron,

Great job in recapping the presentations. It is very powerful that Professor Kulpman is speaking (independently) on the topic of forced-air warming and laminar flow. One reason that we were holding the data was to allow time for the results to be written up and submitted for publication (we have a researcher in the US interested in co-authoring this research). That said, these results are also part of a legal strategy, which we have been carefully outlining. It is important for our longer-term goals that we do not release it too prematurely. Now that Prof. Kulpman has presented the findings of the study publicly, we may need to consider how this changes our position. It's encouraging to hear how well-received the information was.

We also appreciate you taking a proactive approach with the hygienists. They will be a very influential audience, especially when they are well-informed of the benefits of maintaining normothermia with forced-air warming.

Thank you for providing the thorough download. I agree – it's a grand slam!

All the best,

Teri

From: Geisler, Ron
Sent: Friday, April 23, 2010 5:14 AM
To: Woodward-Sides, Teri; Grey, Hal
Cc: Maharaj, Gary; Hansen, Gary; Buehler, Bob; Stender, Jana; Henne, Thomas
Subject: FW: German society of hospital hygiene (international annual meeting Berlin)

Dear Teri, Dear Hal,

As a result of our discussions during our last QIM in Amsterdam I instructed Thomas to regularly seek out and attend Hygienic exhibitions/workshops/lectures. As a result he recently attended a meeting of

the "German Society for Hospital Hygiene" (www.dgkh.de) in Berlin.

Below, please see his summary of the lecture he attended titled "The need for normothermia to prevent surgical site infections" and "Inspection and effectiveness of OR ventilation equipment"

It looks like the person who gave the second lecture was the same person we have worked with in Holland to validate the Bair Hugger along with the laminar air systems from Telestar.

This is great stuff that we need to make the most of **soonest**. I thank you for taking a look and letting us know how we may be of further assistance. These lectures were not only a "home game" as Thomas puts it, but a "grand slam" in our efforts to promote FAW in preventing SSI's and putting to rest any continued bogus arguments from ABaD. I actually think we could get a recommendation from the German Society for Bair Hugger warming therapy if we pushed.

Thanks to Thomas, and let either Thomas or me know if you have questions.

Ronald Geisler

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From: Henne, Thomas

Sent: Donnerstag, 22. April 2010 12:30

To: Geisler, Ron

Subject: German society of hospital hygiene (international annual meeting Berlin)

Hi Ron,

I would like to give you and the US team (please forward to everyone how is interested) a detail summary of my attendance yesterday at the international annual meeting of the German society of hospital hygiene in Berlin:

I had my focus on two lectures:

1. Mr. J.C. Harnoss, doctoral candidate, hygiene institute at the university hospital of Greifswald. Lecture title: The need of normothermia for the prevention of surgical site infection (SSI)
2. Mr. Prof. Dr. Rüdiger KÜlpmann, Beuth Hochschule of Berlin (the institute he work for). Lecture title: Inspection and effectiveness of OR-ventilation variants

Mr. J.C. Harnoss:

Wound infections are relatively frequent, serious complications in surgery. Patients after colorectal surgery are at risk of 9-27% of developing a postoperative wound infection, making the hospital stay increases by 5-22 days per infection occurred and a relevant increase of the treatment cost [1-5]. Intraoperative hypothermia and increases duration of surgery is a risk factor for the development of SSI. It is the result of the anesthetics, caused by failure of physiological thermoregulation and the intraoperative redistribution of body heat or blood volume and it is promoted by cold exposure of perioperative patients [6-9]. Hypothermia leads to peripheral vasoconstriction, the partial pressure of oxygen in the tissues is

reduced and the effect on the cellular level, inhibition of important immune functions such as chemotaxis, phagocytosis granulocytic, motility of macrophages and antibody formation [10-13]. In the healing of wounds created the link between collagen strands that give the wound tensile strength, by catalyzing obligatory aerobic hydroxylases [14-15]. Intraoperative hypothermia correlates directly with delayed healing, increased incidence of surgical wound infections and prolonged hospital stay [1,5,16-18]. Therefore It is important to ensure the state of normothermia during surgery in conjunction with HVAC systems and local heat. These technical options identified in the presentation.

The additional information during his lecture:

- Ø Hypothermia – core temperature below 36 degrees
- Ø 20 % of the patients are hypothermic during the procedures
- Ø He showed some graphic about thermoregulatory vasoconstriction
- Ø He talked about redistribution temperature drop
- Ø He named radiation, convection, conduction and evaporation as additional risk factors
- Ø 3 phases of hypothermia (Sessler)
- Ø The effects of Hypothermia:
 - + neuro protection (therapeutic hypothermia)
 - – blood coagulation
 - – Immune system
 - – Wound healing
 - – Cardiac outcome
 - – Blood products
 - – increased cancer growth – but the data available are unclear
- Ø He spoke in detail about the Kurz study (Perioperative normothermia to reduce the incidence of surgical site infection and shorten...)
- Ø He conclude that it is easy and not expensive to reduce SSI ration by keeping patients warm
- Ø Increased costs of hypothermic patients was discussed (but not so deep like we do it)
- Ø Also the patient satisfaction was discussed as a point that can improved by keeping patients warm
- Ø He talked about different systems to insulate or warm a patient:
 - Passive warming: Cotton blankets, surgical drapes, local with socks and gloves
 - Active with Bair Hugger warming blankets (he said that this is the most popular option of patient warming) together with a picture of a blanket and blower
 - Warm iv fluids and irrigation fluids

Ø And he said that it is important to check the effectiveness of the heating system (but he don't tell how this can look like)

Ø He closed the lecture with a question: "Now it is important to know if a convective warming system has an impact on laminar air flow theatres? – You will learn more in the next lecture!"

The references that Mr. Harnoss used in his lecture and abstract:

1. Study of Wound infection and Temperature Group. Kurz A, Sessler DI, Lenhardt R. Perioperative normothermia to reduce the incidence of surgical-wound infection and shorten hospitalization. *N Engl J Med*. 1996; 334: 1209-1215.
2. Bremmelgaard A, Raahave D, Beier-Holgersen R, Pedersen JV, Andersen S, Sorensen AI. Computer-aided surveillance of surgical infections and Identification of risk factors. *J Hosp Infect* 1989; 13: 1-18.
3. Haley RW, Culver DH, Morgan WM, White JW, Emori TG, Hooton TM. Identifying patients at high risk of surgical wound infection: a simple multivariate index of patient susceptibility and wound contamination. *A, J Epidemiol* 1985; 121: 206-215.
4. Culver DH, Horan TC, Gaynes RP, Marione WJ, Jarvis WR, Emori TG, Banerjee SN, Edwards JR, Tolson JS, Henderson TS. Surgical wound infection rates by wound class, operative procedure, and patient risk index. *Am J Med* 1991; 91:1525-1575.
5. Outcomes ResearchTM Group. Greif R, Akc.a O, Hörn EP, Kurz A, Sessler DI. Supplemental perioperative oxygen to reduce the incidence of surgical-wound infection. *N Engl J Med*. 2000; 342: 161 —167.
6. Kurz A. Triermal care in the perioperative period. *Best Prä et Res Clin Anaesthesiol*. 2008; 22: 39-62.
7. Matsukawa T, Kurz A, Sessler DI, Bjorksten AR, Merrifield B, Cheng C. Propofol linearly reduces the vasoconstriction and shivering thresholds. *Anesthesiology* 1995; 82: 1169-1180.
8. Annadata RS, Sessler DI, Tayeleb F, Kurz A, Dechert M. Desflurane slightly increases the sweating threshold but produces marked, nonlinear decreases in the vasoconstriction and shivering thresholds. *Anesthesiology* 1995; 83: 1205-1211.
9. Matsukawa T, Sessler DI, Sessler AM, Schroeder M, Ozaki M, Kurz A, Cheng C. Heat flow and distribution during induction of general anesthesia. *Anesthesiology*. 1995;82:662-673.
10. Ozaki M, Sessler DI, Suzuki H, Ozaki K, Tsunoda C, Atarashi K. Nitrous oxide decreases the threshold for vasoconstriction less than sevoflurane or isoflurane. *Anesth Analg* 1995; 80: 1212-1216.
11. van Oss CJ, Absolom DR, Moore LL, Park BH, Humbert JR. Effect of temperature on the chemotaxis, phagocytic engulfment, digestion and O₂ consumption of human polymorphonuclear leukocytes. *J Reticuloendothel Soc* 1980; 27: 561-565.
12. Leijh PC, van den Barselaar MT, van Zwet TL, Dubbeldeman-Rempt I, van Furth R. Kinetics of phagocytosis of *Staphylococcus aureus* and *Escherichia coli* by human granulocytes. *Immunology* 1979; 37: 453-465.
13. Wensch C, Narzi E, Sessler DI, Parschalk B, Lenhardt R, Kurz A, Graninger W. Mild intraoperative hypothermia reduces production of reactive oxygen intermediates by polymorphonuclear leukocytes. *Anesth Analg*. 1996; 82: 810-816.

14. De Jong L, Kemp A. Stoicheiometry and kinetics of the prolyl 4-hydroxylase partial reaction. *Biochim Biophys Acta* 1984; 787:105-111.
15. Prockop DJ, Kivirikko KI, Tuderman L, Guzman NA. The biosynthesis of Collagen and its disorders. *N Engl J Med* 1979; 301:13-23.
16. Allen DB, Maguire JJ, Mahdavian M, Wicke C, Marcocci L, Scheuenstuhl H, Chang M, Le AX, Hopf HW, Hunt TK. Wound hypoxia and acidosis limit neutrophil bacterial killing mechanisms. *Arch Surg.* 1997; 132: 991-996.
17. Hopf HW, Hunt TK, West JM, Blomquist P, Goodson WH 3rd, Jensen JA, Jonsson K, Paty PB, Rabkin JM, Upton RA, von Smitten K, Whitney JD. Wound tissue oxygen tension predicts the risk of wound infection in surgical patients. *Arch Surg.* 1997; 132: 997-1004.
18. McAnally HB, Cutter GR, Ruttenber AJ, Clarke D, Todd JK. Hypothermia as a risk factor for pediatric cardiothoracic surgical site infection. *Pediatr Infect Dis J.* 2001; 20: 459-62.

After his lecture I talked to Mr. Harnoss, he is now for 3 months in Switzerland, and fixed an appointment for the end of June to talk more about synergy's and future co-work.

Mr. Prof. Dr. Külpmann:

I will list only some short points of this presentation because there was a lot of specific points in it that did not make sense to translate!

- Ø He talked about the new DIN Norm 1946-4 (from 12-2008) for laminar air flow theatres and what is new
- Ø After this he showed how to test the efficiency of such a system: Turbulence level measurement, local degrees of protection.
- Ø He said that the airstream coming out of the laminar air flow system is higher than any thermal buoyancy forces.
- Ø Even a increase of the air (room) temperature during a procedure has no impact on airflow in the theatre
- Ø He showed the numbers of all tests he made in the Netherlands (!we have this already in the US!)
- Ø We saw pictures of the 522 and 635 and how he measured with this blankets
- Ø He presented the detailed numbers of this tests and conclude: A convective warming system (model 635 underbody and model 522 upper body blanket) has no impact on the laminar air flow in the theatre.
- Ø He showed pictures of 635 and 522 and named it Bair Hugger blankets....
- Ø The conclusion: If you use a filter in the warming unit there are completely no restriction to use it in a theatre – it is safe!!!

I talked to Prof. Dr. Külpmann after the lecture and he said that this (study/paper) is the best argumentation for us to prove the safety of our system. It was a very friendly contact to him.

These two lectures showed that we (as a company) made everything right with our proactive discussion about hygiene and the customer talks about the Robert Koch recommendation. After, and ofcourse also before this lectures there were questions and concern about FAW from the audience.

In German I would say it was a "Heimspiel" ("home game") for our company ;-)))

Please don't hesitate to contact me with any questions you may have!

Thomas

Thomas Henne

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